



**Little Saints Academy 2023  
Hello & Welcome to the  
Little Saints Summer Experience!**

**This Year's Theme...  
Time Travel!**

**Summer Camp hours of operation: 7:00 am - 5:30 pm**

The camp experience begins the week of June 12, 2023 and runs through August 11, 2023. Below you will find a list of items your child will need to make his/ her time with us a success.

- packed lunch in a lunchbox, **including labeled morning and afternoon snacks.**
- **PEANUT/ TREE NUT FREE!**
- refillable water bottle
- nap mat/ blanket
- Sunscreen
- Change of seasonably appropriate clothes

***Water play will be on Tuesdays and Fridays, weather permitting.***

***Please be sure to empty your child's bag of the wet items before school the next day!***

- swim suit
- towel
- water shoes
- sunscreen

**Please make sure all items are labeled with your child's name!!  
We are not responsible for lost or unlabeled items!**

-Please apply sunscreen to your child before you arrive in the morning. We will reapply in the afternoon before our second outside time. Wear appropriate, closed toed shoes.

**Scheduled Closure Days:**     Monday July 3rd and Tuesday July 4th

**Payment:** Your FACTS account (incidental) will be billed every other Friday for the previous two weeks. For our community families that do not have a FACTS account, please bring a check with you on Monday of each week for the days you will be attending. \$55 per day for full days, \$35 per day for half days. If any account should become more than two weeks past due, you will need to make a payment before your child can return to camp.

## Little Saints Academy Summer Programs

### Basic Daily Schedule: (may vary slightly in each classroom)

7:00-9:00	Arrivals/ Free Choice Centers
9:00	Morning Snack
9:30-11:45	Activities/ Water Play/ Outside times
11:45-12:30	Lunch
12:30	Half Day Dismissal or Naptime (for Prek and Kinder)
2:30	Wake up/ Clean up
2:45	Afternoon snack
3:00	Activities/ Free Choice Centers/ Outside time/ Dismissals

#### Dropoff procedure:

Camp dropoff begins at 7:00 am. Please use the Little Saints entrance located at the rear of the school. There are several dedicated parking spots available. Use door "G" located next to the Little Saints play area. A staff member will be here to do a quick wellness check, and then escort your child to their classroom.

#### Pickup procedure: **12:30 dismissal only**

Please make sure you arrive promptly at 12:30. Please pull into a parking spot at the rear of the building near Door 4. **Have your child's name posted clearly in the window.** We will have your child ready at Door 4, next to the MPR, to load up in your car.

#### Pickup procedure:

Most of the children will be napping until approximately 2:30 pm. If possible, please try to avoid coming for pickup during naptime. However, if you need to pick up your child between 12:30 and 2:30, please ring the buzzer outside of Door G and someone will assist you.

After 2:30, please pull into a parking spot at the rear of the building near Door 4. **Please have your child's name in the window.** A staff member will be here to radio inside for your child. We will walk your child out to you.

**Documents Needed for summer camp:**

I am attaching the following documents for you to fill out and return asap: either scan and email [lsasummercamp@popejohnpaul2sch.org](mailto:lsasummercamp@popejohnpaul2sch.org) or send to school with your child.

- Wellness Policy
- Emergency Contact
- Photo Release
- About My Child questionnaire

We look forward to having a fun-filled summer with your little ones!

God Bless!

Jackie Fuller

[lsasummercamp@popejohnpaul2sch.org](mailto:lsasummercamp@popejohnpaul2sch.org)

# Little Saints Academy

## Wellness Policy

Little Saints Academy and PJP II is firmly committed to the health and safety of each student, teacher, and staff in our building. In turn, we ask our families to commit to the same standards we hold on our school.

Ailments that could exclude your child or an adult from school, include but are not limited to fever of 100.4 or higher, chills, cough, shortness of breath or difficulty breathing, new loss of taste or smell, muscle or body aches, headache, fatigue, sore throat, congestion or runny nose, nausea/ vomiting, diarrhea, unexplained rash, pink eye with discharge, or other communicable diseases. Your child should be able to function in the classroom and participate in normal daily activities and schedules. Should your child present with any of the above while at school, you will be notified, your child will be removed from the classroom and must be picked up within 45 minutes. Any teacher presenting with these symptoms will not be admitted to the building.

With COVID-19 still affecting our families and our little ones, we still require testing 5 days after exposure with results sent to administration. Any adult or child (2 years and up) exposed to COVID-19 must wear a mask while in school for a minimum 5 days post exposure.

We truly appreciate your cooperation and understanding.

Child Name \_\_\_\_\_ Date Of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Child Name \_\_\_\_\_ Date Of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Child Name \_\_\_\_\_ Date Of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Parent Name \_\_\_\_\_ Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

# Little Saints Academy

## About My Child

Child Name: \_\_\_\_\_ date of birth \_\_\_\_\_

**Please indicate your approximate daily summer schedule: (circle one in each column)**

<i>Dropoff:</i>	7:00-7:15	<i>Pickup:</i>	2:30-2:45
	7:15-7:30		2:45-3:00
	7:30-7:45		3:00-3:15
	7:45-8:00		3:15-3:30
	8:00-8:15		3:30-3:45
	8:15-8:30		3:45-4:00
	8:30-9:00		4:00-4:15
			4:15-4:30
			4:30-4:45
			4:45-5:00
			5:00-5:15
			5:15-5:30

Does your child have any allergies? If yes, reaction? \_\_\_\_\_

Has your child ever been stung by a bee? \_\_\_\_\_

If yes, was there any adverse reaction? \_\_\_\_\_

Does your child usually nap at home? \_\_\_\_\_

What activities does your child enjoy? \_\_\_\_\_

\_\_\_\_\_

# Little Saints Academy

## Photo Release Form

I, \_\_\_\_\_, hereby give the Archdiocese of Philadelphia, its successors and assigns and those acting with its authority, the unqualified right and permission to reproduce, copyright, publish, circulate or otherwise use any school pictures of my child produced by the Archdiocese of Philadelphia. This authorization and release covers the use of said school pictures in any published form and any media of advertising publicity. I also understand that our school may be identified by name and I fully understand that this is a complete release of all claims against the Archdiocese of Philadelphia or any other person, firm or corporation by reason of any such use of such school pictures.

I hereby warrant that I am free to give this permission. I further warrant that the information I have provided is, to the best of my knowledge, true and accurate.

Parents/Guardians Signature: \_\_\_\_\_

Date \_\_\_\_\_

Family Name: \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

City, State and Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell: \_\_\_\_\_

## EMERGENCY CONTACT / PARENTAL CONSENT FORM

55 PA CODE CHAPTERS 3270.124(a)(b), 3270.181 & 182, 3280.124 (a)(b), 3280.181 & 182, 3290.124 (a)(b), 3290.181 & 182

<b>CHILD'S NAME</b>		<b>BIRTHDATE</b>
ADDRESS		
<b>MOTHER'S NAME/LEGAL GUARDIAN</b>		<b>HOME TELEPHONE NUMBER</b>
ADDRESS		
<b>BUSINESS NAME</b>		<b>BUSINESS TELEPHONE NUMBER</b>
ADDRESS		
<b>FATHER'S NAME/LEGAL GUARDIAN</b>		<b>HOME TELEPHONE NUMBER</b>
ADDRESS		
<b>BUSINESS NAME</b>		<b>BUSINESS TELEPHONE NUMBER</b>
ADDRESS		
<b>EMERGENCY CONTACT PERSON(S)</b>	<b>NAME</b>	<b>TELEPHONE NUMBER WHEN CHILD IS IN CARE</b>
<b>PERSON(S) TO WHOM CHILD MAY BE RELEASED</b>	<b>NAME</b>	<b>ADDRESS</b>
		<b>TELEPHONE NUMBER WHEN CHILD IS IN CARE</b>
<b>NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER</b>		<b>TELEPHONE NUMBER</b>
ADDRESS		
<b>SPECIAL DISABILITIES (IF ANY)</b>	<b>ALLERGIES (INCLUDING MEDICATION REACTION)</b>	
<b>MEDICAL or DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION</b>	<b>MEDICATION, SPECIAL CONDITIONS</b>	
<b>ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD</b>		
<b>HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFITS</b>		<b>POLICY NUMBER (REQUIRED)</b>
<b>PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT</b>		
<b>OBTAINING EMERGENCY MEDICAL CARE</b>	<b>ADMIN. OF MINOR FIRST - AID PROCEDURES</b>	
<b>WALKS AND TRIPS</b>	<b>SWIMMING</b>	
<b>TRANSPORTATION BY THE FACILITY</b>	<b>WADING</b>	

**PERIODIC REVIEW**

\_\_\_\_\_  
SIGNATURE OF PARENT or GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT or GUARDIAN

\_\_\_\_\_  
DATE